



08-31-01

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>		<i>Title of Invention</i>	Methods and Compositions for Tissue Augmentation
<i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Named Inventor(s)	Wallace K. Dyer
		Attorney Docket	04118-0104 (43076-250892)
		Express Mail Label No.	EL602999793US

<b>APPLICATION ELEMENTS</b>		Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, D.C. 20231
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Applicant claims Small Entity status</p> <p>3. <input checked="" type="checkbox"/> Specification, Claims, and Abstract</p> <p>4. <input type="checkbox"/> Drawings</p> <p>Total Pages 27 Total Sheets Total Pages 27</p> <p>5. Oath or Declaration</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 16 completed)</p> <p>The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p> <p>(i) <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p>		<b>ACCOMPANYING APPLICATION PARTS</b>
		<p>7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Copy</p> <p>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</p> <p>c. <input type="checkbox"/> Statement verifying identity of above copies</p> <p>8. <input type="checkbox"/> Assignment:</p> <p>a. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>b. <input type="checkbox"/> Assignment is of record in parent application No. _____</p> <p>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee)</p> <p><input type="checkbox"/> Power of Attorney by assignee</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input type="checkbox"/> Information Disclosure Statement (IDS) PTO-1449</p> <p><input type="checkbox"/> Copies of IDS Citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>14. <input type="checkbox"/> Certified Copy of Priority Document(s)</p> <p>15. <input type="checkbox"/> Other: _____</p>
<p>16. If a <b>CONTINUING APPLICATION</b>, check appropriate box and supply the requisite information:</p> <p><input type="checkbox"/> Continuation   <input type="checkbox"/> Divisional   <input type="checkbox"/> Continuation-in-part (CIP)   of prior application No: _____</p> <p>Recite complete dependency back to first parent application: _____</p>		
<p>17. CORRESPONDENCE ADDRESS:</p> <p>Mary Anthony Merchant, Ph.D. KILPATRICK STOCKTON LLP 1100 Peachtree Street Suite 2800 Atlanta, Georgia 30309-4530</p>		<p>By: _____</p> <p>Date: August 30, 2001</p> <p>Telephone: 404-815-6500</p> <p>Facsimile: 404-815-6555</p> <p>Reg. No. 39,771</p>

**FEE TRANSMITTAL**

Attorney Docket No.

**4118-0104 (43076-250892)**

This sheet accompanies a patent application transmittal for the following application:

Inventor(s): **Wallace K. Dyer**Filing Date: **Concurrently herewith**Title: **Methods and Compositions for Tissue Augmentation**

The filing fee is calculated as shown below:

**1. FILING FEE:**

		<b>SMALL ENTITY</b>	<b>LARGE ENTITY</b>
FOR:	FEE	FEE PAID	FEE
<input checked="" type="checkbox"/> UTILITY FILING FEE	\$355	355	\$710
<input type="checkbox"/> DESIGN FILING FEE	\$160		\$320
<input type="checkbox"/> PLANT FILING FEE	\$245		\$490
<input type="checkbox"/> REISSUE FILING FEE	\$355		\$710
<input checked="" type="checkbox"/> PROVISIONAL FILING FEE	\$75		\$150
	<b>SUBTOTAL (1)</b>	<b>\$355</b>	<b>\$</b>

**2. CLAIMS:**

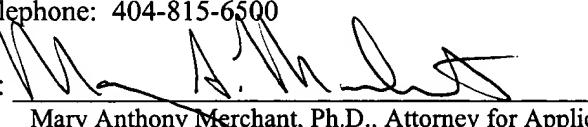
		<b>SMALL ENTITY</b>	<b>LARGE ENTITY</b>			
FOR:	NO. FILED	NO. EXTRA	RATE	FEE	RATE	FEE
<input checked="" type="checkbox"/> TOTAL CLAIMS	19 - 20 =	0	x 9 =		x 18 =	
<input checked="" type="checkbox"/> INDEP. CLAIMS	2 - 3 =	0	x 40 =		x 80 =	
<input checked="" type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED			+135 =		+270 =	
			<b>SUBTOTAL (2)</b>	<b>\$0</b>		<b>\$</b>

**3. ADDITIONAL FEES:**

		<b>SMALL ENTITY</b>	<b>LARGE ENTITY</b>
FOR:	FEE	FEE PAID	FEE
<input type="checkbox"/> LATE FILING, FEE OR OATH	\$65		\$130
<input type="checkbox"/> NON-ENGLISH SPECIFICATION	\$130		\$130
<input type="checkbox"/> OTHER			
	<b>SUBTOTAL (3)</b>	<b>\$</b>	<b>\$</b>

**TOTAL FILING FEES: \$355.00**A check is enclosed for the total amount: **\$355.00** Charge any additional fees required under 37 C.F.R. 1.16 or 1.17 to Deposit Account 11-0855.

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By:   
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Date: August 30, 2001